65 CADILLAC SQ., SUITE 1300 DETROIT, MICHIGAN 48226 PHONE 313-224-6536 FAX 313-224-1310

CITY OF DETROIT HISTORIC DISTRICT COMMISSION

## City of Detroit Historic District Commission

## APPLICATION FOR REPLACEMENT OF HISTORIC WINDOWS

**Instructions**: Please complete this application and return with your written estimates, documentation, and completed City of Detroit Application for Building Permit No. 2 to Detroit Historic District Commission, 65 Cadillac Square, Suite 1300 Detroit, Michigan 48226. You may also fax this form to (313) 224-1310. **Please note that your application will not be processed until all the required information has been received.** 

<b>Property Loca</b>	ntion:			
	(Number)	(Street)		
Property Own	ner:			
Owner Addres	s:			
	(Street)	(City)	(State)	(Zip)
Telephone:				
	(Home)	(Business)	(Fax)	
Applicant:				
Applicant Add	ress:			
	(Street)	(City)	(State)	(Zip)
Telephone:				
	(Home)	(Business)	(Fax)	
Signature of A	pplicant:			
			(Date)	

**Application Deadline:** Historic District Commission meets on the second Wednesday of each month. Application material must be **completed and submitted three (3) Mondays before each Commission meeting.** For a list of meeting dates and application deadline dates for the year, please visit our website at **www.ci.detroit.mi.us/historic.** 

Please use the enclosed criteria checklist as a guide to completing your application. Incomplete applications cannot be reviewed and will be returned to you for more information. If you have any questions or concerns, you may contact a Commission staff member at (313) 224-6536 or (313) 224-8907 or (313) 628-0194.

## **Submittal Criteria Checklist**

	A completed City of Detroit Application for Building Permit #2;				
	A brochure or other information giving the color, materials, and configuration of the proposed windows;				
	Copies of two (2) written estimates from different companies for the repair of the existing windows;				
	Copies of two (2) written estimates from different companies for replacement with windows in matching materials and configuration;				
	Copies of two (2) written estimates from different companies for replacement in an alternate material;				
	Interior photographs showing deterioration of windows (if you cannot provide photos, Commission staff can take the photos by appointment at your request); and				
	A letter from the owner or occupant stating why the windows must be replaced.				
Copies of actual written estimates are <u>REQUIRED</u>					
Repair Estimate #1 \$		Company Name			
Repair Estimate #2 \$		Company Name			
Replacement to Match #1 \$		Company Name			
Replacement to Match #2 \$		Company Name			
Alternate Material Replace #1 \$ C		Company Name			
Alternate Material Replace #1 \$		Company Name			
Preferred Action \$					
Comp	any Name				